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Urban District of Rothwell



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.)

1959



WAKEFIELD :

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ROTHWELL URBAN DISTRICT COUNCIL
ANNUAL REPORT
OF THE
Medical Officer of Health,
1959.

To the Chairman and Members of the
Rothwell Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

It gives me considerable satisfaction to present my Annual Report for 1959. The satisfaction is justified by the fact that, without exception, the Report paints a most favourable picture of Public Health conditions in your area. In the wider field of social wellbeing, the continued prosperity bestowed by full employment has ensured the material welfare of the vast majority of your population. In the narrower field of preventive medicine the year has been remarkable for the low incidence of Infectious Disease, for the extremely satisfactory Infantile Mortality Rate, for the continued comparatively high birth rate, and for the continuing improvement in housing circumstances.

The administration of the Public Health Services in your area has continued as before. During 1959, however, a new Mental Health Bill has been prepared and will come into operation in 1960. Mental Health has been increasingly to the fore in public concern and in this Report I propose to include a section giving some account of the shape of things to come.

My own work, and that of my professional and administrative staffs, has been made easier and pleasanter by the cordial relationships which have continued with all sections of central and local administration. The mutual interchange of information and the spirit of friendliness have continued to increase. One can claim without exaggeration that there has been complete harmony and that the community has benefited by the increasingly close integration of all branches of the Health Services.

To yourselves I would express my personal appreciation of your kindnesses to me during the year which have given me encouragement and stimulation in the carrying out of the many and varied duties involved in my work.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

ROTHWELL URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1959

Area in Acres	...	...	...	10,695
Registrar General's Estimate of Population for 1959				25,100
Number of Inhabited Houses, 1959, according to Rate Book	...	...	...	8,181
Rateable Value, Year commencing 1.4.59			...	£244,453
Net Product of Penny Rate, Year commencing 1.4.59				£961

VITAL STATISTICS IN 1959

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	184	158	342
Illegitimate	...	...	...	15	5	20
			Total	...	199	163
						362

Live Birth Rate per 1,000 population (corrected) 15·0

Still Births.

Legitimate	...	...	...	8	6	14
Illegitimate	...	...	...	—	—	—
			Total	...	8	6
						14

Still Birth Rate per 1,000 live and still births 37·23

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected) 15·58

Deaths.

				M.	F.	Total
All Ages	...	...	...	181	236	417

Death Rate per 1,000 of the estimated resident population (corrected) ... 12·96

	M.	F.	Total
Deaths of Infants under 1 year ...	3	4	7
Death Rate of Infants under 1 year :—			
All Infants per 1,000 live births ...			19·34
Legitimate Infants per 1,000 legitimate live births ...			20·47
Illegitimate Infants per 1,000 illegitimate live births ...			—
Neo-natal Mortality Rate per 1,000 live births			19·34
Illegitimate live births per cent. of total live births			5·52
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...		—
Rate per 1,000 live births ...	...		—
Deaths from Measles (all ages) ...	...		0
Deaths from Whooping Cough (all ages) ...	...		0
Deaths from Cancer (all ages) ...	...		54
Maternal Mortality.			
Deaths ...	...		Nil
Rate per 1,000 (live and still) births	...		0·0

District Death Rate.

The Death Rate of 12·96 is based on the total number of deaths occurring in the District, including 102 at St. George's Hospital, and is arrived at after correction according to the Comparability Factor supplied by the Registrar General.

RECORD OF DEATHS IN AGE GROUPS, 1959

Age				District		St. George's Hospital		Total	
				M.	F.	M.	F.	M.	F.
Under 1 year	...			3	4	—	—	3	4
1—5 years	...	...		—	—	—	—	—	—
5—10	„	...	...	1	1	—	—	1	1
10—15	„	...	...	—	1	—	—	—	1
15—20	„	...	...	1	1	—	—	1	1
20—25	„	...	...	1	—	—	—	1	—
25—35	„	...	...	3	2	—	—	3	2
35—45	„	...	...	4	2	—	—	4	2
45—55	„	...	...	11	12	2	1	13	13
55—65	„	...	...	28	15	4	3	32	18
65—70	„	...	...	23	14	5	3	28	17
70—75	„	...	...	22	24	3	9	25	33
75—80	„	...	...	23	23	10	19	33	42
80—85	„	...	...	12	24	17	34	29	58
85—90	„	...	...	4	8	3	25	7	33
Over 90 years...	...			—	3	1	8	1	11
Totals				136	134	45	102	181	236

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1959

				Urban District of Rothwell	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	..	25,100	1,180,010	458,990	1,639,000	*
Births	{	Legitimate	..	342	18,241	7,822	26,063	*
		Illegitimate	..	20	707	274	981	*
		Total	..	362	18,948	8,096	27,044	*
Still Births	{	Legitimate	..	14	362	171	533	*
		Illegitimate	..	—	19	10	29	*
		Total	..	14	381	181	562	*
Total Live and Still Births				376	19,329	8,277	27,606	*
Deaths under one year	{	Legitimate	..	7	437	185	622	*
		Illegitimate	..	—	18	9	27	*
		Total	..	7	455	194	649	*
Deaths under 4 weeks	{	Legitimate	..	7	297	123	420	*
		Illegitimate	..	—	13	6	19	*
		Total	..	7	310	129	439	*
Deaths (all causes)				417	14,660	4,324	18,984	*
					CRUDE	RATES.		
Live Birth	..	..	..	14.4	16.1	17.6	16.5	16.5
Death (All causes)	..	..	..	16.6	12.4	9.4	11.6	11.6
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.				—	0.04	0.04	0.04	*
Tuberculosis, Respiratory				0.08	0.08	0.06	0.07	0.08
Tuberculosis, Other				—	0.01	0.02	0.01	0.01
Tuberculosis, All Forms				0.08	0.09	0.08	0.08	0.09
Cancer				2.15	2.12	1.65	1.99	2.14
Vascular lesions of Nervous system				4.90	1.96	1.43	1.81	*
Heart and Circulatory Disease				4.86	4.68	3.35	4.31	*
Respiratory Diseases				2.87	1.55	1.15	1.44	*
Maternal Mortality				—	0.41	0.24	0.36	0.38
Infant Mortality				19.3	24.0	24.0	24.0	22.0
Stillbirth				37.2	19.7	21.9	20.4	20.7

* Figures not available.

All the Maternal mortality and still birth rates are per 1,000 live and still births.

PUBLIC HEALTH OFFICERS:

Medical Officer of Health (part-time):

Dr. A. L. TAYLOR, M.D., D.P.H.

Deputy Medical Officer of Health:

Dr. R. M. BOWKER, M.B., Ch.B., D.P.H.

Senior Public Health Inspector:

T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.

Certified Smoke Inspector, Certified Meat Inspector.

Additional Public Health Inspectors:

G. F. IDLE, Cert. S.I.B., A.R.San.I., M.A.P.H.I.,

Certified Meat Inspector.

N. KILBURN, A.I.Hsg., M.A.P.H.I.

Certified Meat Inspector.

Trainee Inspector:

M. HALL.

Clerk:

Miss J. MARSHALL.

COMMENTS ON STATISTICAL DATA

It is usual to regard as of almost supreme importance the Infantile Mortality Rate. There was, you may remember, a slight setback last year but I am glad to say that in 1959 the satisfactory figure of 19.34 infant deaths per thousand live births was recorded. It is too much to hope that this figure will be substantially improved on in the foreseeable future, but every effort is being, and will be, made to eliminate any avoidable infantile death.

The Birth Rate at 15.58 per thousand population shows a slight decline from the unusually high figure recorded last year, but is still reasonably good by modern standards. The district Death Rate is about average for the country as a whole and can be considered satisfactory. People are living healthily to a much more advanced age than was formerly the case and the vast bulk of deaths now occur in the older age groups from degenerative conditions such as cancer, stroke, or other cardio-vascular conditions.

Lung cancer accounted for 8 deaths which is a diminution of 2 on last year. I regard it as significant that 7 of the 8 deaths were males. One has only to remember that smoking in women is a relatively recent phenomenon to appreciate the implication that smoking and lung cancer are associated. I expressed my view in the last Annual Report that once this is pointed out, people must make their own choice whether to smoke or not.

Once again no maternal death occurred in your District during the year.

Tuberculosis is, I am convinced, a vanishing disease and I feel that the next decade, unless unforeseen social circumstances arise, will see its virtual disappearance as a factor of significance. Later in the Report I will give a more detailed account of its incidence in your Area.

To conclude this section, there is every reason for satisfaction with the statistical records of the health and disease in your area.

CAUSES OF DEATH IN THE ROTHWELL URBAN DISTRICT, 1959

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				181	236
1.	Tuberculosis, respiratory	..	..	2	..
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease	..	..	..	..
4.	Diphtheria	..	..	..	..
5.	Whooping Cough	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	1
10.	Malignant neoplasm, stomach	..	..	4	9
11.	Malignant neoplasm, lung, bronchus	..	..	7	1
12.	Malignant neoplasm, breast	..	..	..	3
13.	Malignant neoplasm, uterus	..	..	..	3
14.	Other malignant and lymphatic neoplasms	..	..	15	13
15.	Leukaemia, aleukaemia	..	..	..	..
16.	Diabetes	..	..	2	..
17.	Vascular lesions of nervous system	..	..	40	83
18.	Coronary disease, angina	..	..	30	32
19.	Hypertension with heart disease	..	..	2	8
20.	Other heart disease	..	..	13	24
21.	Other circulatory disease	..	..	3	1
22.	Influenza	..	..	3	6
23.	Pneumonia	..	..	15	22
24.	Bronchitis	..	..	18	7
25.	Other diseases of the respiratory system	..	..	..	1
26.	Ulcer of stomach and duodenum	..	..	..	..
27.	Gastritis, enteritis and diarrhoea	..	..	..	..
28.	Nephritis and nephrosis	..	..	2	1
29.	Hyperplasia of prostate	..	..	..	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations	..	..	..	..
32.	Other defined and ill-defined diseases	..	..	11	16
33.	Motor vehicle accidents	..	..	4	1
34.	All other accidents	..	..	4	3
35.	Suicide	..	..	..	..
36.	Homicide and operations of war	..	..	..	..
Live Births.	Total	..	..	109	163
	Legitimate	..	..	184	158
	Illegitimate	..	..	15	5
Still-Births.	Total	..	..	8	6
	Legitimate	..	..	8	6
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	3	4
	Legitimate	..	..	3	4
	Illegitimate	..	..	..	..
Population				25,100	
Comparability Factors :—					
Births				1.04	
Deaths				0.78	

INFANTILE MORTALITY IN 1959

Deaths from Stated Causes under One Year of Age

CAUSES OF DEATH.		Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Extreme Prematurity	..	4	—	—	—	4	—	—	—	—	4
Atelectasis ..	..	1	—	—	—	1	—	—	—	—	1
Uraemia Pyelonephritis Hydrocephalus and spina bifida	} ..	—	—	—	1	1	—	—	—	—	1
Cerebral haemorrhage Tentorial tear	} ..	1	—	—	—	1	—	—	—	—	1
Totals	..	6	—	—	1	7	—	—	—	—	7

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1910—1919		1920—1929		1930—1939		1940—1949		1950—1959	
1910	133	1920	83	1930	31	1940	43	1950	35
1911	116	1921	86	1931	72.2	1941	50.8	1951	21.3
1912	58	1922	90	1932	40.9	1942	37.2	1952	31.7
1913	139	1923	82	1933	77.8	1943	42.2	1953	28.3
1914	120	1924	112	1934	50	1944	40	1954	44.4
1915	125	1925	72	1935	38	1945	51.7	1955	35.6
1916	85	1926	74.2	1936	57	1946	56	1956	32.0
1917	142	1927	65.0	1937	68	1947	49.6	1957	16.1
1918	84	1928	71.7	1938	65	1948	38.8	1958	30.23
1919	61	1929	89.3	1939	42.4	1949	52.7	1959	19.34
Average— 106.3		Average— 82.5		Average— 54.2		Average— 46.2		Average— 29.4	

Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still-Births	Proportion of Stillbirths per 100 Live Births
1955	309	8	2.6
1956	344	5	1.5
1957	373	6	1.6
1958	397	8	2.0
1959	362	14	3.9

Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo-Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1955	309	6	1.9
1956	344	8	2.3
1957	373	3	0.8
1958	397	10	2.5
1959	362	7	1.9

GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

The pattern has continued as before. Rothwell is included with two neighbouring Urban Districts in a County Council Public Health Division with a total population of round about 60,000. The Service is administered from the centre of your area and is staffed medically by myself as Divisional Medical Officer, together with one Deputy Divisional Medical Officer and one Assistant County Medical Officer. As Divisional Medical Officer I am responsible for the day-to-day administration of all the Public Health Services in your area other than the Ambulance and School Dental Services. The clerical staff of 9 has coped adequately with an ever increasing volume of work and I should like to take this opportunity of paying a tribute to their diligence and efficiency.

The relationship between the Divisional Office staffs and those of the Education Departments and the staffs of the District Authorities have been consistently good. I would repeat my view that the existing scheme is a good one and that the size of the unit is ideal to ensure the personal attention which is necessary for real success in this type of work.

In addition to the medical and clerical staff quoted above, the services of the following personnel have been available to the Health Division during the year. 10 Health Visitors, 10 Home Nurses, 7 Domiciliary Midwives, one part time Ophthalmologist, one part time Consultant Paediatrician, one part time Speech Therapist, and one half-time Mental Health Social Worker. The well equipped and well staffed Dental Clinic has continued to carry out excellent work. The Dental Surgeon has held his appointment for some years and has established himself in the regard of the patients whom he serves.

SCHOOL MEDICAL SERVICE

The School Medical Service has been working to capacity and it is now possible to say that vaccination against poliomyelitis has been brought up to date and is now needed only for babies and very young children. Of this I will say more anon.

I will include the usual tables which give some idea of the enormous amount of work carried on in the Division, and draw your attention to the satisfactory state of health among school children revealed by these records. This is maintained by constant application and reflects the now firmly held view that prevention is better than cure. Conditions at one time prevalent no longer exist. One no longer sees impetigo, chronic ear disease, ringworm and head infestation except as rare phenomena. The general standard of physique in school children continues to improve and orthopaedic defects have become rarities. One is inclined to forget the conditions which existed 20 or 30 years ago and which were familiar to me then in my work in this area. It is salutary to recall conditions which were once commonplace and to reflect on the enormous advances which have taken place in social and physical wellbeing amongst our school population.

Hygiene and nutritional standards are of the highest, almost without exception.

The Ophthalmic service is functioning well and there is no waiting list.

The same can be said of the Ear, Nose and Throat Service which has functioned well throughout the year.

I should like to place on record my appreciation of the work carried out by Dr. Bowker and Dr. Dick in the school medical service. Both exhibit a real and personal interest in the problems which arise and have established themselves firmly in the regard of the Educational staffs and parents of the schools which they visit.

Tribute is also due to the Divisional Education Officers and their staffs for the many kindnesses which they have shown us during the year. For our part we try to ensure that our necessary work in the schools interferes as little as possible with the educational curriculum. Relationships with Head Teachers and staffs have remained consistently good.

To sum up, I feel that the School Medical Service in your area is functioning efficiently and that no major improvement is needed or, indeed, is possible.

SCHOOL MEDICAL SERVICE
MEDICAL INSPECTION AND TREATMENT
RETURN FOR THE YEAR ENDED 31st DECEMBER,
1959

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	No. of Pupils inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1955 and later	123	123	100	—	—
1954	507	506	99·8	1	·2
1953	167	167	100	—	—
1952	287	286	99·65	1	·35
1951	118	115	97·46	3	2·54
1950	18	18	100	—	—
1949	506	502	99·21	4	·79
1948	129	129	100	—	—
1947	15	15	100	—	—
1946	1	1	100	—	—
1945	137	136	99·27	1	·73
1944 and earlier	340	336	98·82	4	1·18
Total	2,348	2,334	99·4	14	·6

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

Age Groups Inspected (by year of birth)	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded	Total individual pupils.
1955 and later ...	1	15	15
1954 ...	7	71	77
1953 ...	8	23	30
1952 ...	14	42	54
1951 ...	6	24	28
1950 ...	—	4	4
1949 ...	31	74	108
1948 ...	9	8	17
1947 ...	2	—	2
1946 ...	1	—	1
1945 ...	11	38	47
1944 and earlier ...	25	63	85
Total ...	115	362	468

OTHER INSPECTIONS

Number of Special Inspections ...	19
Number of Re-inspections ...	58
	77

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	20,622
Total number of individual pupils found to be infested	172
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944)	Nil

DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR 1959
PERIODIC INSPECTIONS

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin ...	12	—	23	2	42	10	77	12
Eyes—a. Vision ...	14	4	26	5	75	58	115	67
b. Squint ...	10	4	1	1	14	10	25	15
c. Other ...	3	—	—	—	7	4	10	4
Ears—a. Hearing ...	4	—	7	—	15	7	26	7
b. Otitis Media ...	17	—	6	—	17	—	40	—
c. Other ...	—	—	1	—	4	2	5	2
Nose and Throat ...	11	3	5	—	22	4	38	7
Speech ...	7	4	—	—	12	1	19	5
Lymphatic Glands ...	2	4	—	—	—	1	2	5
Heart ...	2	4	3	5	2	18	7	27
Lungs ...	5	2	1	—	16	4	22	6
Developmental—								
a. Hernia ...	1	—	—	—	2	—	3	—
b. Other ...	—	—	—	—	3	6	3	6
Orthopaedic—								
a. Posture ...	3	—	4	—	27	1	34	1
b. Feet ...	3	1	6	—	4	3	13	4
c. Other ...	6	—	5	1	6	3	17	4
Nervous System—								
a. Epilepsy ...	—	1	—	1	—	1	—	3
b. Other ...	3	—	1	—	2	2	6	2
Psychological—								
a. Development ...	—	—	—	—	5	2	5	2
b. Stability ...	8	1	1	3	12	3	21	7
Abdomen ...	2	—	—	—	2	—	4	—
Other ...	3	—	2	—	4	8	9	8

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	1	—
Eyes—		
a. Vision	2	—
b. Squint	1	—
c. Other	—	—
Ears—		
a. Hearing	3	—
b. Otitis Media	3	—
c. Other	—	—
Nose and Throat	2	—
Speech	2	—
Lymphatic Glands	—	—
Heart	—	—
Lungs	2	—
Developmental—		
a. Hernia	—	—
b. Other	—	—
Orthopaedic—		
a. Posture	—	—
b. Feet	—	—
c. Other	—	—
Nervous System—		
a. Epilepsy	—	—
b. Other	—	—
Psychological—		
a. Development	—	—
b. Stability	—	—
Abdomen	—	—
Other	—	—

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of Refraction (including squint)	520
Total ...	522
Number of pupils for whom spectacles were prescribed ...	457

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	4
(b) for adenoids and chronic tonsillitis	17
(c) for other nose and throat conditions	—
Received other forms of treat- ment	—
Total ...	21
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	4
(b) in previous years ...	5

ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
Pupils treated at clinics or out- patients departments ...	4
Pupils treated at school for postural defects ...	—
Total ...	4

DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases known to have been treated
Ringworm— (a) Scalp ...	—
(b) Body ...	2
Scabies ...	—
Impetigo ...	11
Other skin diseases ...	1
Total ...	14

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guid- ance Clinics ...	7

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech thera- pists ...	60

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	10
Pupils who received convalescent treatment under School Health Service arrangements	4
Pupils who received B.C.G. vaccination ...	271
Other than above—	
U.V.R. Treatment ...	32

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1959

PAEDIATRIC SERVICE

Consultant Clinics.

Number of sessions held during the year ... 11

	Pre-school children	School children
Number of individual patients seen :—		
(a) new cases ...	9	18
(b) cases attending from previous year(s) ...	4	28
Total number of attendances at clinics ...	26	83

CONSULTANT ORTHOPAEDIC SERVICE

Consultant Clinic.

Number of sessions held during the year 10 (Shared with Div. 13)

	Pre-school children	School children
No. of individual patients seen by Consultant, including those continuing attendance from previous year	—	6
No. of individual patients referred for opera- tive treatment as short-stay cases only ...	—	1
Recommended long-stay hospital school ...	—	—
Recommended treatment by orthopaedic nurse or physiotherapist:—		
(a) at treatment centres	—	—
(b) domiciliary	—	—
No. of children who obtained operative treat- ment during year	—	1
Total number of attendances at consultant clinic	—	8
Treatment Centres		
No. of sessions held during year	11	
	Pre-school children	School children
Total number of patients treated (including cases continuing treatment from previous year)	1	3
Total number of attendances	8	5
Domiciliary Treatment		
Total number treated	—	—
Total number of visits to patients' homes ...	—	—
Appliances		
Number of appliances—(a) recommended ...	—	—
(b) obtained ...	—	—

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 28

CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in
connection with applications:—

(a) for employment (including entertainments)	79
(b) No. found unfit	—

ULTRA VIOLET LIGHT TREATMENT

No. of sessions held during the year	216	
	Pre-School children	School children
No. of children treated during the year	20	32
Total No. of attendances ...	477	588

PAEDIATRIC SERVICE

Summary of type of defect for which referred

				Pre-School	School
Enuresis	...	...	...	1	5
Cardiac	...	...	...	2	7
Undescended Testicle		...	...	—	2
Growth and Development	...	...	...	3	5
Oesophageal Ulcer	...	...	...	—	1
General Debility	...	...	...	1	3
Respiratory	...	...	...	2	11
Obesity	...	...	...	—	1
Otitis Media	...	...	...	—	1
Headaches	...	...	...	—	1
Nervous System	...	...	...	—	2
Mental Retardation		...	...	2	2
Orthopaedic	...	...	...	1	2
Athetosis	...	...	...	—	1
Rheumatism	...	...	...	—	1
Constipation	...	...	...	—	1
Hydrocephalus	...	...	...	1	—

SPEECH THERAPY

Total number of sessions held during the year ...	...	159
No. of new cases treated during the year	... ..	41
No. of cases already attending for treatment from previous year	... ..	19
Total number of cases treated	... ..	60
No. of cases awaiting treatment at end of the year	...	17
No. of visits made to schools	... ..	18
No. of home visits ...	... ..	2

Analysis of Cases treated during the year :—

	Boys	Girls
Stammering	7	1
Defects of articulation—		
(a) Dyslalia	23	6
(b) Sigmatism	8	1
(c) Rhinolalia, due to—		
(i) Cleft Palate	1	2
(ii) Nasal obstruction	1	—
(d) Dysarthria	—	—
Aphasia	—	—
Defective speech due to—		
(i) Educational sub-normality	4	1
(ii) Deafness	1	1
Retarded speech development	8	—
Dysphonia	—	—
Other defects	—	—
Analysis of Cases discharged :—		
No. of children discharged during year—		
Speech normal	10	4
Speech improved	7	—
Unsuitable for treatment	2	—
Non-co-operation	1	—
Left school	—	—
Left district	1	—

VACCINATION AND IMMUNISATION

By the end of the year it was possible to say that the bulk of the work had been done in relation to protection against poliomyelitis. The acceptance rate among school children was extremely good and a glance at the figures in the following tables will give some idea of the volume of work which has been carried out. The response from the under 25's was less satisfactory, but this is no local phenomenon. Even so, approximately 3,500 adults were given protection. No complications were experienced and it is possible now to state with certainty that the procedure is quite safe. As to its efficacy as protection against the disease, the local and national figures show a sharp diminution in the incidence of poliomyelitis during 1959. It will be necessary to wait for a year or two before being absolutely certain that the lower incidence is associated with vaccination. Personally, I believe this to be the case. Every effort will be made to ensure that all children born in your area are given this measure of protection. Certainly the public are well informed, and acceptance has been achieved without undue pressure in the vast majority of cases.

Last year I remarked on the steady diminution in the numbers of children protected against Diphtheria. A determined effort was made by my Health Visitors to reverse this trend, and I am glad to be able to point to the table which shows an increase of more than 30 per cent. in the numbers of children given primary immunisation against Diphtheria and also those receiving reinforcing injections. This speaks well for the enthusiasm of the Health Visiting staff and I am sure that they will spare no efforts to maintain this much more satisfactory state of affairs. Diphtheria is now absent from the community and it is many years since a case was notified in your area.

The almost universal use of combined antigen giving simultaneous protection against Diphtheria, Whooping Cough and Tetanus now means that the improvement in the figures relating to Diphtheria has also taken place in regard to protection against Whooping Cough. Thus during the year a considerably increased number of children were given such protection, and it is with pleasure that I record the steady fall in the notifications of Whooping Cough. Given enthusiasm and enlightenment, whooping cough can be virtually eliminated from the community. In view of its serious significance among young babies it is most essential that we should aim at its elimination from our midst.

Smallpox Vaccination is also running at a very satisfactory level. It is intended, in future, to offer this protection at a rather older age than has formerly been the case, and now to offer it at about one year of age. This change may result in a temporary fall in the numbers of children vaccinated due to the time lag which must be caught up with during the next few months. However, rather more than 40 per cent. of all babies born in the Division during 1959 were given vaccination against Smallpox, and this compares quite favourably with the rest of the country.

The response to B.C.G. vaccination continues reasonably good, and increasing evidence of its usefulness in eradicating pulmonary tuberculosis in young adults comes to hand. The procedure is safe and simple, consisting of a preliminary skin test followed by vaccination which causes no disability and leaves a minute scar which is almost unnoticeable. It is interesting to note that in recent years an increasing number of skin tests on children have been found to be "negative." This indicates an increasing absence of the germ of tuberculosis in the community.

Finally, a very satisfactory total of children received protection against Tetanus (lockjaw) and in view of the almost universal use of the "triple" vaccine, this number is expected to grow from year to year.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1959

CLASS	Number vaccinated with two injections during the year ended 31st December, 1959
Children born in the years 1943—1959	3,744
Young persons born in the years 1933—1944	2,857
Expectant Mothers	296
Ambulance Staff and their families	2
TOTAL	6,899

In addition to the above, 70 c.cs of vaccine were issued for vaccination of Hospital Staff.

Total number of persons who had received two injections at 31st December, 1959—

Children	9,904
Others	3,420
Total	13,324

Number of persons who had received one injection only at 31st December, 1959—

Children	45
Young persons	—
Expectant Mothers	9
Others	—
Total	54

Number of persons who had received three injections at 31st December, 1959—

Children	7,184
Others	1,298
Total	8,482

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

	Age at final injection			
	Under 1	1 — 4	5 — 14	Total
No. of children who completed a full course of primary immunisation (including temporary residents) ...	545	126	136	807
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	57	836	893

Immunisation in relation to Child Population

Age at 31.12.59 i.e. Born in Year	Under 1 1959	1—4 1958-1955	5—9 1954-1950	10—14 1949-1945	under 15 Total
Last complete course of injections (whether primary or booster)					
1955—1959 ...	176	1,842	1,917	2,695	6,630
1954 or earlier	—	—	984	1,510	2,494

No case of Diphtheria occurred in the Division during the year.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation (including temporary residents)
Under 6 months	139
6 months to one year	415
1—2 years	83
2—3 years	12
3—4 years	16
Total ...	665

Immunisation in relation to Child Population

Age at 31.12.59 i.e. born in year :—	Under 1 1959	1 to 4 1958–1955	5 to 9 1954–1950	10 to 14 1949–1945	Under 15 Total
Number immunised ...	178	1,789	1,207	72	3,246

Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1	1	—
1	2	1
2	—	—
3	3	—
4	1	—
5 — 9	12	4
10 — 14	1	1
Totals ...	20	6

No death occurred from Whooping Cough in the Division
during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated
during the year

Age at Date of Vaccination	Under 1	1 year	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	374	15	8	9	35	441
Number Re-Vaccinated ...	1	—	3	2	27	33

IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

Age at final injection			Number of children who received protection against tetanus (including temporary residents)
Under 6 months	...	...	76
6 months to 1 year	...	...	181
1 — 2 years	...	...	32
2 — 3 years	...	...	4
3 — 4 years	...	...	6
Over 4 years	...	...	11
Total			310

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	3
---	---

Acceptances

(a) No. of children under fourteen years of age eligible during the year	605
(b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	605
(c) No. of (b) found to have been vaccinated previously	—
(d) No. of acceptances	407
(e) Percentage of acceptances, i.e., (d) to (b) — (c) ...	67·27

Pre-Vaccination Tuberculin test

(a) No. of children tested	363
(b) Result of test—	
(i) Positive	50
(ii) Negative	271
(iii) Not ascertained	42
	<hr style="width: 10%; margin-left: 0;"/>
	TOTAL 363
	<hr style="width: 10%; margin-left: 0;"/>
(c) Percentage positive	15·58

Vaccination

No. vaccinated	271
-----------------------	-----

Tuberculin test twelve months after vaccination

(a) No. vaccinated in 1958	238
(b) No. tuberculin tested after 12 months	170
(c) Result of test—	
(i) Positive	121
(ii) Negative	49
(iii) Not ascertained	—
	<hr style="width: 10%; margin-left: 0;"/>
	TOTAL 170
	<hr style="width: 10%; margin-left: 0;"/>

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year 1959

[illegible]

LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE ROTHWELL URBAN DISTRICT

No major alteration has occurred during the year under review. Indeed, this would be quite impracticable for reasons which I have stated many times before. However, I am glad to report that with the friendly co-operation of the Education Authority, it has been found possible to transfer the Methley Clinic to the now disused Mickletown Secondary Modern School. This represents a very great improvement and, at any rate for the time being, has solved the problem of clinic accommodation in the Methley area.

For the rest, the Clinics are maintained in a state of reasonable repair and decorative condition. The County Council are doing all that is practicable in this matter, and from time to time reports are given indicating any possible alterations or improvements. Each year I mention my satisfaction with the Central Clinic at Rothwell. This is in excellent condition both inside and out, and is admirably serving the needs of the community. It is fair to say that this clinic is well up to the standards of those being built as small Health Centres in various parts of the country.

Attendances have been well maintained throughout the area, although some slight variations have taken place due to shifts in the density of the population resultant on Slum clearances and the provision of new housing estates. My own observations confirm the steadily rising standards of maternal care and of the health and wellbeing of mothers and young children in your area. There is an increasingly close liaison between ourselves in the Public Health Service and the family doctors. This factor contributes greatly to the value and efficiency of the work carried out.

In common with the rest of the country, attendance at Local Health Authority Ante-Natal clinics has tended to diminish with the universal availability of the services of family doctors in this section of the work. However, there is still a very considerable attendance at the clinics held in your area and we continue to undertake blood tests at the request of many of the family doctors.

Relaxation classes continue to be held at Rothwell and there is ample evidence of their value to expectant mothers.

The Ultra Violet Light clinics continue as before and attendances are maintained at the previous levels.

CONSULTANT CLINICS

These are all held at the Central Clinic, Rothwell.

Ophthalmic Clinics are held weekly and there has been a build up of work. This has resulted in a certain amount of delay and it has been found necessary to put in a few extra sessions to catch up with the back-log. This by no means implies that urgent work has been unduly delayed, and there is no evidence that any detrimental effect has ensued.

The Paediatric Consultant Clinic is held at monthly intervals and is much appreciated by the family doctors in the area who refer difficult cases to Dr. Pickup for his advice.

Ear, Nose and Throat treatment is readily available, although no special clinic is now held in Local Authority premises. However, cases of special urgency obtain immediate treatment either at Leeds or Wakefield and there are no delays.

A Speech Therapist is in weekly attendance and the waiting list which I mentioned last year has now been eliminated.

Cases requiring Child Guidance are referred to Wakefield where they are seen by the County Psychiatrist, Dr. Leese. There is, at the moment, no appreciable waiting list for her services.

MENTAL HEALTH SERVICES

As forecast in my last Report, the new Mental Health Act is now on the Statute Book and it is obvious that new responsibilities are to be assumed by the Local Health Authority. The emphasis is shifting. Domiciliary care is now increasingly to be called for and the whole relationship between the Mental Hospitals and the community is being drastically re-orientated. From a Local Health Authority's point of view, this involves very considerable re-organisation. The recruitment of suitably trained and qualified Mental Health workers is bound to involve many difficulties. In this Public Health Division it is envisaged that one whole-time Mental Health Social Worker will be utilised for the community care of what are now known as "mentally subnormal" patients (formerly defined as "mentally deficient" patients). In addition, the half-time services of a male Mental Health worker are to be made available to undertake the necessary duties under the new Mental Health Act in respect of persons who are suffering from mental illness and psychosis. Both these workers are

to be based in this Division and will be expected to undertake duties very much wider than any previously carried out.

As I mentioned in my last Report, a new Occupation Centre is to be built near the centre of the Rothwell Urban District. This will cater for patients, of all ages, suffering from mental sub-normality. The new Act places a mandatory responsibility on the Local Health Authority to provide suitable occupational therapy and training for all persons capable of benefitting from it. The centre proposed is not likely to be built for a year or so, and, in the meantime, patients are being transported to the Centres at Airedale and in Wakefield City. Some few are given occupational training in Leeds.

One of the problems of rehabilitation in those who have suffered from mental illness is that after a period in Hospital it is frequently found that no suitable accommodation is available for them in normal households. This in turn precludes them from obtaining suitable employment and, as a corollary swells the number of those who are retained in Mental Hospitals because they have nowhere else to live. This problem is to be tackled by the provision of Hostels for such patients, and one is to be provided on the South side of Leeds, either in your own area or closely adjacent to it. The criteria are that it should provide for patients who need such accommodation and are suitable for employment in local industries. Every effort is to be made to ensure that ex-patients are given a chance to fit themselves once more into the pattern of normal social and industrial life.

The new Act is a revolutionary Statute. Whilst the broad outlines of future policy are laid down, it is certain that many difficulties will arise and much patience and mutual toleration will be needed to ensure that the spirit of the Act is fulfilled. In your own area, a very auspicious start has been made, and I would like to take this opportunity of paying tribute to the generous way in which the Hospital Management Committee and professional staff of Stanley Royd Mental Hospital have responded to the new approach. In this area we are fortunate in having an enlightened Hospital Authority who have been ready and willing to give active and positive co-operation. For our part we are determined to do all we can to reconcile views and activities. Only by such an approach will a new integration be established. Rome wasn't built in a day, and, of necessity, a considerable time must elapse before the full value of the new scheme can be determined.

DOMICILIARY NURSING SERVICES

Health Visiting.—Some changes have taken place but we have been lucky in obtaining satisfactory replacements, and this branch of the domiciliary nursing service, though one or two below full establishment, has functioned satisfactorily and has managed to cover adequately all the demands made upon it. A happy aspect has been the increasing co-operation with the family doctors in the area. More than ever in my experience are contacts being made between Health Visitor and Doctor to the benefit of all concerned. The Health Visitor is increasingly the friend of the family, and it is obvious that in her new role she is making and keeping new friends.

Home Nursing.—This has remained at full strength and I can state without contradiction that no area is better served. The Home Nursing Service is preponderantly concerned with the care of the aged and chronic sick. Not the least value of the Service is the regular contact with the unfortunate persons who are doomed to a life of chronic indigence. Reports from the Supervisory Nursing Staff constantly emphasise the kindness with which the Home Nurses carry out their duties. Relationships with Hospitals and with family doctors have been universally good throughout the year.

Midwifery Service.—The improvement which I reported last year has been maintained. This branch of the Nursing Service is now, once again, fully staffed and all needs are adequately covered. All midwives have motor cars and the case load is now approximately that recommended by the Central Midwives' Board. Trilene anaesthesia is shortly to be introduced and it is the intention that this shall ultimately supersede Gas and Air, to which it is generally held to be superior.

Home Help Service.—The demand for this service remains steady and increasing. A glance at the table will show immediately the volume of work carried out. With an ageing population this must be considered inevitable. I do not need to repeat the views which I have expressed in former reports. There is no doubt at all that, where possible, an elderly person is happiest at home. The principle value of the Home Help is to make this feasible. Whilst there are occasional disappointments the vast bulk of the Home Helps are friendly individuals who frequently

form a strong attachment to the patients whom they visit, often over periods of years. One of the most gratifying things is the frequent occurrence of small acts of kindness which are, strictly speaking, outside the scope of a Home Help's duties. These often pass unremarked, but I would like it to be known that this is not always the case and that much of what is taking place becomes known to me by the "bush telegraph."

I would like to take this opportunity of expressing, on your behalf, my appreciation to the County Council for their readiness in allowing an increase in establishment. For my part I endeavour to ensure that help is provided on a reasonable scale and that so far as is possible abuse is avoided. I am happy to record that, during 1959, many fewer instances have come to light of failure to accept family responsibility. The vast bulk of persons for whom Home Help is needed live alone and have no near relatives who can help them. The administration of this Service is one of considerable complexity and tribute is due to the excellent work carried out by the administrative clerical staff.

Chiropody Service.—Towards the end of the year, the County Council approved a scheme for a Chiropody Service and it is intended that this shall be brought into being early in 1960. In my Annual Report for that year I will include a full account of the Service.

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	25
(ii) From Reserve Pool (Average over the year)	...	...	...	—
Total	...	...	...	25

Number of Domestic Helps employed at 31st December, 1959—

(i) Whole-time	...	...	...	—
(ii) Part-time	...	...	...	66
Total	...	...	...	66

Cases provided with Domestic Help during year ended 31st December, 1959—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	32	1,844½
(ii) Tuberculosis	2	153
(iii) Chronic sick (a) aged 65 +	266	46,946¾
(b) under 65	20	3,377¾
(iv) Others	12	858
Totals	322	53,180

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1959 ÷ 2288 (52 weeks x 44 hours) = No. of home helps that could have been employed full time. = 23·243

AMBULANCE SERVICE

This has worked with its customary efficiency, and no complaint has arisen during the year.

LABORATORY FACILITIES

These continue to be available and the Medical Director and staff of the Medical Research Laboratory at Wakefield have been most helpful, and have undertaken a considerable number of examinations of specimens submitted to them throughout the year. Our thanks are due to them for their courtesy and promptitude.

MILK AND FOOD SAMPLES

Arrangements continue as before. The County Analyst at Halifax undertakes examination of milk and food samples.

Chemical samples of water are, as formerly, sent to the Leeds City Analyst, and the bacteriological examination of water is undertaken by the Medical Research Laboratory at Wakefield. In all instances, a completely satisfactory service has been forthcoming. One or two specimen samples are published later in the Report.

HOSPITAL PROVISION IN THE AREA

Maternity Hospitals.—We have continued to enjoy the facilities previously available. Maternity Hospitals are undergoing very grave staffing difficulties and this fact has been reflected in the shortened period of accommodation afforded to many maternity cases. This is no new thing and there seems no immediate likelihood of substantial amelioration. However, the domiciliary nursing staff have managed to cope very adequately and few cases of hardship to mothers have arisen. We have maintained our normal percentage of 50 per cent. Hospital admissions and, as before, have been helped by the kindness and courtesy of the Morley Health Division who have once again made available three or four of their own beds for our use. Occasional emergencies have been given accommodation in Staincliffe General Hospital and no case, to our knowledge, really needing institutional accommodation on social or obstetric grounds, has been unable to obtain it.

Infectious Diseases Hospital.—Only 29 cases were admitted to Fever Hospitals and of these the great majority went to Seacroft. Our co-operation with this Hospital is of the closest and we regularly receive all necessary information relevant to cases of Infectious Disease admitted from your area. Admission notices with corrected diagnoses, and discharge notices are received with absolute promptitude. I greatly appreciate the information thus made available to us and it is of very great help to me in my work. The standard of medical and nursing care in Seacroft is of the highest and I consider it a fortunate circumstance that such provision should be available to our inhabitants. Once again I would like to acknowledge my indebtedness to the Medical Superintendent and the medical and nursing staff.

Occasional cases are admitted to Snapethorpe Hospital and there again information is readily forthcoming and the standard of care and treatment is of the highest.

General Hospitals.—Acute medical and surgical cases readily obtain admission and we are fortunate, as previously stated, in having available medical and surgical treatment of the highest standard. All needs are promptly and adequately met.

Pinderfields Hospital is known throughout the region as a Specialist Unit and to it are admitted all our cases of industrial accident, adult orthopaedic defect and convalescent poliomyelitis cases. Co-operation with the Hospital is close and we are now regularly provided with discharge notices, a factor which we greatly appreciate and which is of the utmost value to us.

Geriatric Hospitals.—Last year I expressed dissatisfaction at the fact that chronic sick cases from our own area were not able to gain admission to St. George's Hospital. Following the publication of my last Report, the Senior Administrative Medical Officer of Leeds Regional Hospital Board contacted me and asked me to attend a meeting between himself and members of his Consultant staff. Following this I was invited to attend a meeting of the Geriatric Committee of the Regional Board at St. George's. The needs of your District were fully explained and discussed. The meeting was cordial and I am glad to report that, as an immediate consequence, a small number of beds at St. George's have been made available to inhabitants of Rothwell Urban District and neighbouring areas. In addition, a promise was given that a further considerable number of beds will be made available when proposed extensions to the Haigh Hospital are made in the early future.

It is with great satisfaction that I report these facts. The hardship and distress caused to patients and relatives alike, when long journeys are necessitated, have been frequently brought to my notice. St. George's and The Haigh Hospitals are sited in the very heart of your District and the new provision will alleviate very greatly discomforts which have previously had to be endured.

I must once more acknowledge the courtesy and consideration which have been afforded by the Geriatric Consultant, Dr. Rosenthal. His keenness and enthusiasm have been a great factor in making possible the rehabilitation of many patients who, under less skilled supervision, might have become permanently bedfast in Hospital.

Welfare Accommodation.—This is not, strictly speaking, "Hospital" provision, but approximates very nearly thereto. The County Welfare Officer and his staff are unfailingly helpful and every effort is made to provide suitable accommodation for those border-line cases who are not well enough to look after themselves at home, but

who, nevertheless, cannot be classified as "chronic sick." I feel that as things are at the moment we, in this area, have little to grumble at.

In all, I consider your District adequately served, and fortunate in the provisions made for its inhabitants.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE ROTHWELL URBAN DISTRICT

During 1959, no notification of Poliomyelitis was received. This is a most satisfactory state of affairs and one hopes that it is, to some extent, consequent on the massive immunisation programme just completed. Again no case of Diphtheria occurred and this year, for the first time, it has not been thought necessary to provide a separate entry for this disease in the Infectious Diseases table published in this Report.

Scarlet Fever gave rise to a rather unusually high prevalence. The disease itself is, however, so mild and transient in its effects that it is no longer regarded as a serious factor in morbidity. I have stated my views before and would like only to repeat that continued notification is, in my opinion, essential, as a precaution against a possible resurgence of a more serious type of Scarlet Fever. Few cases of this disease are now admitted to Hospital, and those which are admitted are almost without exception in social, rather than medical, need.

The anticipated biennial incidence of Measles occurred. This cycle is one which I have often remarked on previously and the 1959 incidence was in keeping with Nation wide experience.

Only 8 cases of Whooping Cough were notified, and this is by far the lowest figure on record. Here again, one may perhaps be permitted to relate the low incidence to the increasing percentage of children immunised against Whooping Cough. I hope to see, within the next few years, that Whooping Cough has become as rare as Diphtheria now is.

Two sporadic and unconnected cases of Food Poisoning were notified, but in neither instance was investigation able to establish the cause. There was no outbreak of any kind during the year.

It will be seen that 37 deaths attributed to "pneumonia" were recorded. By far the majority of these were terminal conditions and there is no evidence to suggest that pneumonia in the normal population is of any greater significance than formerly.

Venereal Disease.—Confidential reports give no indication of any appreciable increase in Venereal Disease in your area. Some disquiet has been expressed, but so far as this area is concerned, I feel that there is no need for any anxiety whatever. Known cases in the District are very few indeed and there has not been any significant increase over recent years.

Infestations.—Here again the picture remains as formerly. Very very few serious infestations now come to our notice, and there has been a very considerable increase in the standards of cleanliness in school children.

Scabies was almost entirely absent from the community.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1959

Disease	Total all ages 1957	Total all ages 1958	Total all ages 1959	Age Distribution 1959												Cases sent to Hospital	Deaths
				0 — 1 year	1 — 2 years	2 — 3 years	3 — 4 years	4 — 5 years	5 — 10 years	10 — 15 years	15 — 20 years	20 — 35 years	35 — 45 years	45 — 65 years	65 years and up	Age unknown	
Acute Poliomyelitis
Scarlet Fever
Pneumonia
Puerperal Pyrexia
Acute Anterior Encephalitis
Erysipelas
Whooping Cough
Measles
Sonnè Dysentery
Food Poisoning
Totals

TUBERCULOSIS

The usual tables are included in this Report. I am glad to say that their principal function nowadays is to underline the slow but steady decline in the incidence of this disease. In recent Reports I have emphasised my view that Tuberculosis is on its way out and nothing that has happened during the current year has altered my view. Not without significance is the fact that when skin tests are done on school children nowadays, a very high proportion are found to be "negative." This is an indication that no contact of the children with tuberculosis has occurred—a sure sign of its diminished incidence amongst the general public. Treatment of the disease is increasingly successful and recovery is now the rule rather than the exception. The Miniature Mass Radiography Unit visits your area from time to time and meets with a good response from the general public.

B.C.G. vaccination is now offered to all school children over the age of 13 years and the acceptance rate is reasonably satisfactory.

Only rarely nowadays is it necessary for me to approach the House Letting Committee to ask for "priority" consideration to be given for re-housing on the grounds of tuberculosis. I am glad to acknowledge the ready response which I have received to the few cases which have arisen in recent years.

The Chest Clinics at Leeds and Wakefield are invariably co-operative and helpful. Nowadays their role is in the wider field of chest conditions and, to an ever-diminishing extent is concerned with tuberculosis. It is reasonable to expect the present improvement to continue, although inevitably some years must elapse before it will be possible for me to say that tuberculosis is no longer a factor of any social significance.

TUBERCULOSIS

Record of Cases during the year 1959

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	53	51	13	2
No. of cases notified for first time during year	5	2	—	1
No. of cases restored to Register ...	—	1	—	—
No. of cases added to Register otherwise than by notification ...	1	—	—	—
No. removed to other districts ...	1	1	—	—
No. Recovered ...	4	6	—	—
No. died from the Disease ...	2	—	—	—
No. died from other causes ...	—	—	—	—
No. Removed from Register :— Revised diagnosis ...	—	—	—	—
No. of cases on Register at end of the year	52	47	13	3

New Cases and Mortality during 1959

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 "	...	—	—	—	—	—	—	—	—
10—15 "	...	—	—	—	1	—	—	—	—
15—20 "	...	—	—	—	—	—	—	—	—
20—25 "	...	—	2	—	—	—	—	—	—
25—35 "	...	1	—	—	—	—	—	—	—
35—45 "	...	1	—	—	—	—	—	—	—
45—55 "	...	—	—	—	—	—	—	—	—
55—65 "	...	2	—	—	—	1	—	—	—
Over 65 years	...	1	—	—	—	1	—	—	—
Age unknown	...	—	—	—	—	—	—	—	—
Totals	...	5	2	—	1	2	—	—	—

TUBERCULOSIS

New Cases and Deaths since 1940

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1940	...	...	19	3	11	1
1941	...	...	22	12	10	2
1942	...	...	23	4	11	4
1943	...	...	24	7	9	—
1944	...	...	21	10	12	2
1945	...	...	21	5	11	1
1946	...	...	28	9	7	3
1947	...	...	16	5	8	—
1948	...	...	22	3	11	2
1949	...	...	25	2	11	2
1950	...	...	27	3	5	2
1951	...	...	18	3	8	1
1952	...	...	18	1	3	1
1953	...	...	15	—	4	—
1954	...	...	11	5	1	—
1955	...	...	9	1	2	—
1956	...	...	12	—	1	—
1957	...	...	7	1	2	—
1958	...	...	12	—	2	—
1959	...	...	7	1	2	—

HOUSING

This subject has been dealt with fully by the Senior Public Health Inspector in his Report which follows my own in this publication. I do not wish to go over the same ground twice, but would like to associate myself with the views which Mr. Wilson expresses in relation to back-to-back houses. Whatever their virtues in the days when they were originally built, few would disagree with the view that they are now to be considered an anachronism. The inherent defects of lack of through ventilation, deficient sunlight, etc., etc., have added to them the dilapidations of, and deterioration in materials, inevitably associated with 70 years or more of life. In my opinion there is no doubt that their days are numbered and that few will regret their passing.

As I predicted last year, there has been a considerable increase in new housing construction, with a total of 126 houses built by the Local Authority and 136 by private enterprise. Last year the figures were 76 and 71 respectively. Difficulties occur in your District due partly to mining subsidence and partly to the scarcity of building land approved by the Town and Country Planning Authority. The recently marked increase in the price of land puts the Local Authority at a disadvantage and weights the scales heavily in favour of private enterprise. It is possible that some legislation may have to be introduced to enable a more equitable balance to be struck. One thing, however, is certain. Housing conditions in your area are better than they have been in my experience and there is every indication that they will improve still further and that the next few years will see the final disappearance of the vast bulk of sub-standard houses.

Your efforts as a Local Authority are to be commended and compare, not unfavourably, with those of other Local Authorities.

HOUSING STATISTICS

YEAR 1959

1.	No. of Dwelling Houses in District	...	...	8,181
2.	No. of Houses included in above—			
	(a) Back-to-back	...	...	516
	(b) Single back	...	...	Not known
3.	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE			
	No. of houses included in Representations made during the year			
	(a) in Clearance Areas	...	...	96
	(b) Individual unfit houses	...	...	59

A. HOUSES DEMOLISHED

	HOUSES DEMOL- ISHED	DISPLACED during year	
		Persons	Families
In Clearance Areas			
(1) Houses unfit for human habitation	56	140	52
(2) Houses included by reason of bad arrangement, etc. ...	Nil	Nil	Nil
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957	Nil	Nil	Nil
Not in Clearance Areas			
(4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957	44	104	50
(5) Local Authority owned houses certified unfit by the Medical Officer of Health	1	Nil	Nil
(6) Houses unfit for human habitation where action has been taken under local Acts ...	Nil	Nil	Nil
(7) Unfit houses included in Unfitness Orders	Nil	Nil	Nil
B. UNFIT HOUSES CLOSED	Number		
(8) Under Sections 16 (4), 18 (1) and 35 (1), Housing Act, 1957	8	19	7
(9) Under Sections 17 (3) and 26, Housing Act, 1957	Nil	Nil	Nil
(10) Parts of buildings closed under Section 18, Housing Act, 1957	Nil	Nil	Nil

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by local authority	152	Nil
(12) After formal notice under		Nil
(a) Public Health Acts	12	
(b) Sections 9 and 16, Housing Act, 1957	6	Nil
(13) Under Section 24, Housing Act, 1957	Nil	Nil

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

	Number of Houses	Number of separate dwellings contained in column (1)
	(1)	(2)
Position at end of year		
(14) Retained for temporary accommodation		
(a) Under Section 48	Nil	Nil
(b) Under Section 17 (2)	Nil	Nil
(c) Under Section 46	Nil	Nil
(15) Licensed for temporary occupation under Sections 34 or 53	Nil	Nil

E. PURCHASE OF HOUSES BY AGREEMENT

	Number of Houses	Number of occupants of houses in column (1)
	(1)	(2)
(16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year	Nil	Nil

4. No. of families rehoused during the year into Council owned dwellings

(a) Clearance Areas, etc.	117
(b) Overcrowding	39

5. RENT ACT, 1957

(a) No. of certificates of disrepair granted ...	2
(b) No of undertakings to execute repairs given by owners to the local authority ...	1
(c) No. of certificates of disrepair cancelled ...	Nil

6. OVERCROWDING

Any comments in connection with this problem
None

7. NEW DWELLINGS

No. of new dwellings completed during the year:—

By the Local Authority	126
By Private Enterprise	136

8. GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal applications received during the year	Applications approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work)	5	5	2
(b) IMPROVEMENTS	29	29	21

9. DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

... .. 73 advances totalling £70,970.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—The sources of supply continue as before and the following tables give the origin and quality of water supplied to the Urban District.

Leeds Corporation ...	...	267,706,000	gallons
Morley Corporation ...	...	28,558,000	„
Wakefield Corporation ...	...	42,065,000	„
		<hr/>	
		338,329,000	„
		<hr/>	

Of this quantity, 157,504,000 gallons were used for trade purposes and the balance of 180,825,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 19.75 gallons, and for trade purposes 16.15 gallons.

Decrease in consumption was mainly due to drought period and the shutting off of supplies during alternate nights in certain areas.

31 bacteriological, and 12 chemical samples were taken during the year, and were in all cases satisfactory. Specimen reports are included below. We are fortunate in this area in having an adequate quantitative and qualitative supply. The rare complaints which arise are dealt with promptly and almost always prove to be temporary and unimportant from the point of view of the health of the community.

Chemical Analysis:—

Smell	...	...	...	Nil
Colour	...	...	...	10 Hazen
pH	...	...	...	7.3 (B.T.B.)
				Parts per million
Total Solids, dried at 180°	...	...	...	95
Residue on ignition	...	...	...	Nil
Ammoniacal Nitrogen (as N)	...	...	...	Nil
Albuminoid Nitrogen (as N)	...	...	...	0.021
Nitrite Nitrogen (as N)	...	...	...	Nil

	Parts per million
Nitrate Nitrogen (as N)	0.40
Chlorine present as Chloride (as Cl.) ...	12.5
Oxygen absorbed in 4 hours at 27° C. ...	0.92
Temporary hardness (as CaCO ₃) ...	24
Permanent Hardness (as CaCO ₃) ...	39
Total hardness (as CaCO ₃) ...	63
Metallic contamination	Negligible

Report: The sample is chemically satisfactory.

Bacteriological Examination—

Plate Count. Yeastrel agar 24 hours	
37° C. aerobically	— per ml.
Probable number of coliform bacilli,	
MacConkey 2 days 37° C. ...	0 per 100 ml.
Probable number Bact. coli (type 1)	0 per 100 ml.

Sewage Disposal.—It is with regret that I have to report no progress at the moment in the major reconstruction scheme at Methley. However, I am assured that things are moving at last, and that an early start is to be anticipated

Rivers and Streams.—Following from the above comments, there has been no change during the year, and we are still under justifiable bombardment from the Rivers Board regarding the quality of the effluent from Methley Sewage Works.

Closet Accommodation. Public Cleansing. — These matters are dealt with in the Report of the Senior Public Health Inspector.

Shops and Offices.—Routine Inspections have been carried out as usual. No statutory action was found necessary.

Camping Sites.—See Public Health Inspector's Report.

Swimming Baths and Pools.—There is no swimming bath or pool in this area.

Factories and Workshops.—Parts 1 and 8 of the Act are still the responsibility of this Authority and the table which follows gives all the necessary details. Routine inspections have revealed no need for any action.

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	5	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	82	41	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	3	—	—	—
TOTAL	96	46	—	—

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found			Number of cases in which Prosecutions were instituted	
				Found	Remedied	Referred :		
						to H.M. Inspector		by H.M. Inspector
Want of cleanliness	..	..	—	—	—	—	—
Overcrowding	..	..	—	—	—	—	—
Unreasonable temperature	..	..	—	—	—	—	—
Inadequate ventilation	..	..	—	—	—	—	—
Ineffective drainage of floors		..	—	—	—	—	—	
Sanitary Conveniences :—								
Insufficient	..	..	—	—	—	—	—
Unsuitable or defective	..	..	I	I	—	I	—
Not separate for sexes	..	..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	..	..	—	—	—	—	—
Total	..	..	I	I	—	I	—

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	10	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	10	—	—	—	—	—

SANITARY INSPECTION OF AREA

Infectious Disease Prevention

Inspections	20
Disinfections	—

Milk and Dairies

Inspections of Dairies	3
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Food and Drugs Inspections

Meat Inspections	223
Bakehouses	5
Food Inspections	25
Water Sampling	...	...	...	...	59

Housing

Houses inspected and recorded	...	...	...	1077
General Surveys	...	...	...	1789
Public Health Act Inspections	...	...	...	827
Re-visits	294

Offensive Trades

Inspections of Fat Refining premises	20
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Sanitary Matters

Inspections of Verminous Premises	410
Inspections of Rat Infestations	850
Inspection of new drains	...	...	254
Clean Air Act	...	...	98
Inspection re Refuse Removal and Disposal	...	...	351
Factories and Workshops	...	...	46
Tents, Vans and Sheds	...	...	63
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	18
Number of nuisances abated on serving Statutory Notice (Public Health Acts)	...	...	22

ANNUAL REPORT
of the
SENIOR PUBLIC HEALTH INSPECTOR
and
CLEANSING SUPERINTENDENT
For The Year
1959.

Health Department,
Civic Buildings,
Rothwell,
Nr. Leeds.

To the Chairman and Members of the
Rothwell Urban District Council.

Ladies and Gentlemen,

I beg to present to you for your information and consideration the Annual Report on the work of the Health and Cleansing Departments, this being the 28th Report I have had the privilege of preparing.

The work has followed the usual pattern and there have been no dramatic changes or new requirements but as is customary I will sectionalise the work under the more common headings.

HOUSING.

The rush and bustle of the five years' plan having steadied down we were able to devote our attention to a section of property which is peculiar to this part of the country, namely back-to-back houses. These houses as the members are well aware, were built at the time of the industrial development in the latter part of the last century to provide cheap housing adjacent to the new centres of employment. Although their erection has been virtually forbidden since 1909, this class of house which was well built, being erected long before "jerry" building, is still with us. There have been many thoughts and feelings about this type of property; those who are interested in its preservation say that it is warm, cheap,

and has many advantages but the hygienists claim that the houses are badly ventilated, overcrowded on site and lack all the modern conveniences which present day conditions demand. H.M. Government have been peculiarly reticent about the fate of these and beyond a single letter from the Ministry of Health in which it was stated quite clearly that they were by any standard unfit no further pronouncement has ever been made although it is fair to say that there has been no prohibition of the application of the normal standards to these houses.

When I presented the five year report to you in 1954 I said that there were 450 or so of these anachronisms and it was my intention to examine and deal with them when the five year plan in itself was completed. Accordingly we surveyed the district and in June of this year represented to the Council two areas entirely of back-to-back houses and where the only defects submitted were lack of ventilation, site overcrowding and insufficient sanitary accommodation in all cases where the tenants of one house had to pass one or more houses to use the sanitary accommodation. There were, as might be expected, objections and an Inquiry was held in November of the year under review and I am now able to tell you that these areas were confirmed by the Minister in full. Every case and every objection is of course dealt with in an Inquiry on its merits but it seems to me that our action has proved that back-to-back houses by reason only of their back to backness and not because of any structural defect may be regarded as unfit for human habitation which is the opinion we have held for a long time.

The result of this is that 88 of our present total of 516 back-to-back houses have been dealt with and we are proceeding as time and opportunity permit to survey the rest which will be represented in due course. I should perhaps make it clear here that the particular type of house I have been speaking about are those dismal brick terraces built about the turn of the century and does not include some which we have which are larger, stone built, with ample ground front and rear and which are and will be suitable subjects for conversion into either through houses or flats.

In my last report I commented about the offer which had been made to convert three larger type back-to-back houses into through dwellings and it may perhaps be of

interest to you if I say now late in 1960 that the offer was fulfilled and three through houses with every modern convenience have been formed out of these back-to-backs. These were in the centre of a Slum Clearance area, the rest of which have been cleared and so the houses gain air space which they did not have before.

The normal housing work continues, the type of operation being investigation of complaints which lead to normal house inspections and the issue of repair notices under Section 9 of the Housing Act, 1936. We are still not in the happy position—I doubt whether we ever will be, of doing routine inspections, but I do not think that any great disadvantage arises from this because the inhabitants of this district at any rate know what to do if defects exist in the house they occupy and once a complaint is received we are quickly on the spot to investigate it.

We still receive applications for grants for Housing Improvement and these are inspected and generally approved but the scheme is not so far reaching in its effects as I should have liked to have seen and I think it is a pity that we cannot deal compulsorily with groups of houses in much the same way as we used to in the days of privy conversions.

A few applications for certificates of disrepair have been received and dealt with but the fact that they are so small in number proves to my mind two things, one that the tenants can get all they want by more traditional methods and secondly, that the Act is too cumbersome and unwieldy to be a success.

CARAVANS.

The Health Committee in considering the position of licensing all caravans decided in July that more control should be maintained and while this was under consideration a local land owner gave notice to the caravan tenants of a small site which had started in open cast mining days and continued ever since. All the tenants with one exception made other arrangements but an application was made by this individual to occupy a site where two other caravans were already stationed. The Council refused the application, the applicant appealed and the Court, after due consideration, of the case granted him a licence for six months. This is the first time that the decision of this Authority has not been upheld in Court with regard to caravans, but we accepted the position and it will be

reviewed and commented upon in my next report. It is the opinion of the Committee that licences should only be granted to caravans which are not likely to become permanent residences and we think this will ultimately be upheld by Court but it is a matter in which time alone will tell.

Sympathetic consideration has been given to applicants who have found work in or near Rothwell but these "temporary jobs" have a habit of becoming permanent. Whether we like it or not it is I think an undisputed fact that the use of caravans as permanent homes is becoming more and more general and the long term solution to this is providing properly arranged and equipped caravan sites. There is no obligation upon any Local Authority to do this, and in this area so far no land owner has seen fit to make application for a proper site licence but if the trend continues in its present form it may have to be the subject of direction to Local Authorities. At the time of writing I await with interest new caravan legislation which we are promised at an early date. The present position, of two licences being required, one under Town Planning and one under Public Health, each of which have different forms of application, times of appeal and so on, is to say the least chaotic and it may be that control should be unified and possibly simplified. It is fair to say that other than the difficulties caused in licencing we do not in this area experience any difficulty from a Public Health point of view with any of the caravans which are stationed in the district although there are no large sites where the very increase of numbers might produce unhygienic difficulties. At the end of 1959 there were 10 caravans stationed in this district.

PUBLIC CLEANSING SERVICE

This service of which we are justly proud has performed its necessary function, efficiently and properly throughout the year with the exception of the August holidays when due to the absence of a number of men on holiday the service for two or three weeks was a bit chaotic. The normal period for emptying is seven days and the service is on the whole so regular that we occasionally get unjustified complaints of non-emptying which occur because the collectors were not at a particular place at a precise time.

The ashpits connected to privies which now number 67 are emptied every 21 days but this does not improve them; indeed, were they emptied twice a week they would still be objectionable and disgusting. We have reached the

stage where the ones which are still left are connected to houses, farms and cottages far removed from sewers and virtually unconvertible, and although we do by arrangement get the odd one changing to something more hygienic this is a question of co-operation with the owners as in the absence of a sewer no legal action could be taken.

During the year 262 new houses were built and 109 demolished and closed which gives an overall increase of 153.

According to our records there are 8,181 W.C's connected to sewers and cesspools or 98.9% and 91 privies and 67 ashpits connected to them, which as I said earlier we are trying to eliminate. 8,885 dustbins form 99.3% of the ashes accommodation for the area.

We still continue to dispose of the refuse at one central tip in a ravine to the west of our Wood Lane Housing site but this is fast becoming filled up and by the middle of next year we shall have to move to other premises. The work as it has proceeded has been carried out without any particular nuisance. Indeed, strange as it may seem, the majority of complaints have been of dust blowing from vehicles as they pass through the housing site, although when the wind is in an awkward direction some paper does blow into the gardens of the houses on the perimeter of the tip. There has been on the whole very little complaint which may be regarded I think as a tribute to the efficiency of the work of tip control.

I have for many years been desirous of obtaining mechanical means of control but it has never been economical or practicable, as hand disposal was adequate to deal with the amount of refuse we had. When the first foundry came to tip on our land they provided an extra man and did not at that time favour the payment of an extra charge to us and the withdrawing of the man. But later on we had an application from another foundry and as a result of negotiations I arrived at a decision where it was possible to employ a mechanical dozer. We had demonstrations and exhibitions and for a short time hired a local tractor but in January of 1960 we purchased a Fordson Major tractor with a 6 ft. blade and the work of disposal is performed much more expeditiously and precisely than it was by hand.

The central garage and repair shop which are now a combined unit continue to house the majority of the

Council's vehicles, and the repair department which I control maintains through its two mechanics all the Council's vehicles in a proper state of repair and efficiency. As a matter of interest there are 56 machines and instruments of one sort and another which come to us for repair.

SEWERS AND DRAINS.

Many complaints are still received regarding stoppages in the sewers and drains and during the year under review, 492 of such complaints were made. Most of these stoppages are slight and are removed by the staff of our drain cleansing service, the cost of which is rate borne. The Department still checks all building plans which are submitted, as to correctness of the drainage lines, and during the course of construction all drains are inspected and tested by the staff of this Department. This I am sure is good practice, as the Health Department supervises houses and their associated drainage after construction.

FOOD AND DRUGS.

Supplementary and Dealers licences under the Food and Drugs Act, 1955 authorising the sale of specially designated milks are issued by your Authority and I give below the number of licences issued during 1959. Complaints are almost non-existent but the one or two we receive are investigated by the Dairy Companies who are as concerned about the quality and condition of the Milk as the most diligent housewife.

DETAILS OF LICENSES GRANTED

Retail Purveyors				...	54
				Dealers	Supplementary
Sterilized	...	...	...	40	4
Tuberculin Tested	...	...	...	8	3
Pasteurised	...	...	...	8	4

Food examination at shops and stores is carried out as a routine also at the request of vendors who are quick to ask for our help and co-operation if any article of food is suspect.

The Slaughter Houses Act, 1958 prescribed the dates and times for the operation of the various phases by which

unfit slaughter houses are to be eliminated or improved and the new Hygiene Regulations brought into force. I arranged an informal meeting with the butchers in October at which I outlined to them the main implications of the Act but at the end of the year no further progress had been made and this will be the subject for further comment in a later report. Meat inspection continues to be 100% and although there are small quantities of meat rejected from time to time the quality of the meat on the whole is above reproach. *Cysticercus Bovis* has flourished in districts adjacent to this but so far we have not had a positive case although any suspect material is sent to the Pathological Laboratory at Wakefield. The reason is probably that by coincidence the majority of the cattle brought to this area to be slaughtered comes from the East Riding where, I am informed there is little or no *C. Bovis*. We still examine on request suspect material from the Ministry of Food depot and the condemned material is removed by us. The figures for meat and food inspection and food condemned are appended.

Meat and Food Inspection

Cattle	...	...	...	...	...	522
Sheep and Lambs	...	...	...	...	...	1,675
Pigs	...	...	...	...	...	837

Food Condemned

Home killed carcasses	...	...	...	3,519 lbs.
Varied tinned foods	...	...	...	93,602 lbs.

WATER SUPPLY.

The water consumed in this district still comes from the three neighbouring authorities Leeds, Morley and Wakefield and is sampled from time to time both chemically and bacteriologically. In all 43 samples were taken, 12 being chemical and 31 bacteriological. The water generally is quite satisfactory; one complaint was received of the taste and smell of the water but this was due to treatment by the supplying authority at their reservoir to overcome algal growth. Another complaint was with regard to the colour which was found on analysis to be due to somewhat excessive iron. Both the waters were fit to drink and no further action was taken during the year.

The chemical samples are still sent to the Leeds City Analyst and the bacteriological to the Pathological Department Laboratory at Wakefield, and I would like to place on record my appreciation of the help and co-operation of the staff at both these establishments.

DISINFECTION and DISINFESTATION.

Empty Council houses and effects of incoming tenants are examined as routine by the staff of the Department and in this way the incidence of bed bugs is kept to a minimum. The need for disinfestation is so slight that we find it advantageous to use the Leeds Corporation Disinfestation service. Disinfection is hardly ever required but if there is a request or need for it it is performed by our own staff.

SHOPS ACT.

During the year 3 inspections were made at shops in this area for health and hygiene and 2 were checked for hours of closing, there were no breaches of the Shops Act discovered.

CLEAN AIR.

During the year there has been no progress whatsoever with regard to the implementation of the Clean Air Act by the introduction or preparation of smokeless zones in this district the reason being, as I told you at some length in my last report, because the problem of miners' concessionary coal has not been resolved, and this mining area like many more in the vicinity, is not likely to show any interest until the very vexed problem is sorted out to everyone's satisfaction.

We do however keep our eyes open for factory chimneys emitting smoke, and welcome the many enquiries which we receive from industrialists and householders alike with regard to the most efficient methods of fuel combustion.

PUBLIC CONVENIENCES AND MORTUARY.

There has been no change in the quantity or operation of these buildings but during the year I gave a report to the Health Committee on the need for extra public convenience provision throughout the district and in this report I suggested that before deciding on more conveniences the provision of direction signs to the existing ones could well be considered. For various administrative reasons the two questions were not dealt with at the end of 1959 but they are, at the time of writing, under active consideration.

PREVENTION OF DAMAGE BY PESTS ACT.

850 inspections were made during the year and 173 infestations were dealt with in the customary manner. The rodent population of this area does not seem to vary in spite of the efforts of ourselves and other interested bodies and the rat population may I think be considered to be at an irreducible minimum.

STATISTICAL RECORD.

As is customary I append a numerical record of the number and type of inspections and visits made during the year together with a summary of the works which have been carried out at our request. Allowing for the fact that figures can be made to say anything, they do I think indicate in some small way the energy and diligence of the staffs you employ and the excellent results which they obtain.

Visits and Inspections.

Clean Air Act	98
Factories and Workshops	46
Food Examination	248
Food Premises	68
Hairdressers and Barbers	15
Housing Acts	1077
Housing Acts (Re-inspection)	712
Infectious Diseases	32
Offensive Trades	20
Petroleum Storage	33
Plant Maintenance	263
Prevention of Damage by Pests Act	850
Public Cleansing Service	351
Public Health Acts	827
Public Health Acts (Re-inspection)	294
Public Conveniences	200
Sanitary Accommodation (Conversions or improvement)	15
Septic Tanks and Cesspools	3
Sewers and Drains Inspected	551
Sewers and Drains Tested	254
Shops Act	3
Shops Act (Hours of Closing)	2

Visits and Inspections—continued

Tents, Vans and Sheds	...	...	63
Vermin	...	...	410
Water Sampling	...	...	59

Summary of Works carried out

Ceilings repaired or replastered	...	15
Walls repaired or replastered	...	20
Windows repaired or renewed	...	19
Doors repaired or renewed	...	10
Fireplaces repaired or renewed	...	17
Floors repaired or renewed	...	11
Sinks renewed	...	14
Sink waste pipes repaired or renewed		12
Washing Coppers renewed	...	2
Food stores repaired or altered	...	2
Roofs repaired	...	37
Chimney Stacks repaired	...	15
Eaves gutters repaired or renewed	...	26
Rainwater pipes repaired or renewed	...	25
Walls repaired or repointed	...	14
Water services repaired or renewed	...	2
Drains cleared from obstruction	...	492
Drains repaired or renewed	...	28
Inspection chamber covers renewed	...	6
Water closets repaired	...	56

STAFF.

The year under review, like its predecessor, has been characterized by the absence of change in the staffing of the department and this as I have said previously is of great advantage in the running of the Health Department. The full staff of the department is set out in detail on page 6 of the Medical Officer of Health's report with which this report is conjoint and I do not propose to repeat it here.

I told you in the 1958 report that Mr. Kilburn had become completely qualified although this took place in 1959, and Malcolm Hall the Trainee Inspector continues with his studies, and the whole department works harmoniously

and efficiently, each member playing an important part in the work which is the subject of this Report.

To all the rest of the Council staff and officers of the Council with whom by reason of our duties we come into contact I would say "thank you" for their help and co-operation, and especially to the Medical Officer of Health and the Clerk whose close liaison and helpful support are a continuous stimulation. The continued interest and understanding of the members of the Health Committee is also appreciated and to them also I tender my sincere thanks.

I am, Mr. Chairman and Members,

Your Obedient Servant,

THOS. WILSON,

Chief Public Health Inspector.

